



### EXTRA COMPENSATION SALARY - FACULTY (Supplemental or "Overload" Pay for Sponsored Projects)

Prior approval from the University and the funding source is required by University policy and Federal regulations when employees are paid in excess of their base salary. Please complete this form to obtain approval for payment from a grant or contract account for work performed which is *in addition to your normal workload*.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ MC: \_\_\_\_\_

WID: W \_\_\_\_\_

Grant/Contract Project Title: \_\_\_\_\_

Grant/Contract index number to be billed: \_\_\_\_\_

Description of Work to be Performed:

Dates Work will be Performed:

From: \_\_\_\_\_ To: \_\_\_\_\_ Current Salary: \_\_\_\_\_

Supplemental Amount: \_\_\_\_\_ Percent of Base Salary: \_\_\_\_\_

Reason work cannot be performed as part of normal workload (required) **A single sentence will not suffice:**

Remarks on PAR:

I assure the work to be performed for extra compensation salary will be completed in addition to my normal University responsibilities, and the compensation requested is within the amount permitted by University policy (PPM 3-50).

\_\_\_\_\_  
Signature of Person Receiving Extra Compensation      Date

\_\_\_\_\_ has sponsor and University authorization to do the work as described.  
This work is in addition to his/her assigned University responsibilities and payment for it is not dual compensation. No known sponsor or University policies will be violated by payment of the stated extra compensation salary.

\_\_\_\_\_  
Grant Project Director/Principal Investigator      Date      Department Chair      Date

\_\_\_\_\_  
Dean      Date      Office of Sponsored Projects      Date

OSP Use Only

In Approved Proposal Budget

Date Sent: \_\_\_\_\_  
Date Received: \_\_\_\_\_